

Exhibit “B”

SWORN STATEMENT IN PROOF OF LOSS

PURSUANT TO S. 817.234, FLORIDA STATUTES, ANY PERSON WHO, WITH THE INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER OR INSURED, PREPARES, PRESENTS, OR CAUSES TO BE PRESENTED A PROOF OF LOSS OR ESTIMATE OF COST OR REPAIR OF DAMAGED PROPERTY IN SUPPORT OF A CLAIM UNDER AN INSURANCE POLICY KNOWING THAT THE PROOF OF LOSS OR ESTIMATE OF CLAIM OR REPAIRS CONTAINS ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO THE CLAIM COMMITS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.803, OR S. 775.084, FLORIDA STATUTES.

\$ See attached Policy

MP1019954

AMOUNT OF POLICY AT TIME OF LOSS

POLICY NUMBER

11/27/2017 11/27/2018

See attached Policy

DATE ISSUED

DATE EXPIRES

AGENT

1. Name of Insurance Company: United National Insurance Company2. Claim Number: 180049043. Named Insured(s) Blue Lagoon Condo. Ass'n4. Date of Loss: 11/20/20185. Time of Loss: Morning [a.m./ p.m.]6. Cause of Loss: The cause and origin of the said loss were: fire sprinkler in Building 4 unit 1515 was triggered causing water damage to building.7. Title and Interest: [My/Our] Interest in the property involved at the time of loss was as follows: Fee Simple8. Names of Mortgages/Lienholders : N/A

Other than the insureds and any and all loss payees indicated in the policy of insurance, there are no other persons who have an interest or lien in the property involved, except for above named mortgage or lienholders, except:
N/A

9. Other policies of insurance which may cover the loss: N/A10. Describe changes in title to the property during the policy term or changes in occupancy of property during policy term: N/A11. Total Insurance: The Total amount of insurance upon the property described by this policy was, at the time of loss \$ See attached policy, as more particularly specified in the policy declarations sheet.12. The Actual Cash Value of said property at the time of loss was: \$ See attached policy

13. Loss and Damage: The specifications of damaged buildings, if applicable, are contained in the attachments hereto; The specifications of damaged contents, if applicable, are contained in the attachments hereto; If applicable, ALE or rental loss receipts are attached hereto. The loss and damage is as follows:

Building /Dwelling	\$ 936,666.28 (31,362.19 + 905,304.09)
Other Structure(s)	\$ N/A
Contents	\$ 0
Adjusted Living Expenses ("ALE")	\$ N/A
Loss Mitigation/Assessment	\$ 8,225.00
The Whole Loss Total:	\$ 944,891.28
Deductible:	\$ 5,000.00
Whole Amount Claimed Minus Deductible	\$ 939,891.28

The loss did not originate by any act, design, or procurement on your part; no property has been concealed, and no attempt to deceive the said company as to the extent of the loss has been made. The undersigned certify that the statements and information contained herein with respect to the loss reported are accurate and truthful to the best of [his/her/their] knowledge and belief. Under penalties of perjury, I/we declare that I have read the foregoing Proof of Loss and that the facts stated in it are true to the best of my/our knowledge and belief.

Signature of Insured

Print Name: Guillermo A. MARIN

Signature of Insured

Print Name: _____

State of Florida, County of DadeSworn to and subscribed to before me on this 17th day of October, 20 19

Notary Public, State of Florida


☒ Personally known, or
☐ Produced: _____